## SCHEQUILE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open to Public

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TALL OAK COUNSELING CENTER

Employer identification number

26-0426896

Pa	ıΩΩ	Reason for	<b>Public Charit</b>	y Status (All organiz	ations mus	t complete	this part	See insti	uctions					
The	orga	nization is not a priva	te foundation beca	ause it is. (For lines 1 th	rough 11, c	heck only	one box )				. ^	/		
٠1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									10	_		
2		A school described i	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or a coop	al or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	$\Box$	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state									-			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
	_	section 170(b)(1)(A)(iv). (Complete Part II )												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	Ħ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
	described in section 170(b)(1)(A)(vi). (Complete Part II )													
8	$\Box$				nplete Part	11.)								
9	H	A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II )  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
•	ш	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its												
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
		acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10							-	(a)(A)					•	
	$\vdash$	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(2).														
		• •		es the type of supporting					` '` '	Section				
		<u>' ' '</u>								▼ Type I	II Othor			
		a Type I Type II c Type III-Functionally integrated d Type III-Other												
-	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
	509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting													
f				etermination nonstrie in	NO tilat it is	a rype i,	ype II, UI	ype iii s	upporting					
		organization, check		ration accontad any aif	t or contrib	ution from	any of the					• • •	••	
g		_	ioo, nas the organ	ization accepted any gift	t of Continu	ution ironi	any or the							
		following persons?						(··\						
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)									Yes	No			
		and (iii) below, the governing body of the supported organization?								11g(i)				
	(iii) A family member of a person described in (i) above?							11g(ii)						
		• •				• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(W)			
h		Provide the following	information abou	it the supported organization	ation(s)									
	(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify organization (described on lines 1-9 in col (i) listed in your the organization in							-	(vi) Is the organization in col		(vii) Amount of support			
-			-	above or IRC section (see instructions)	governing document?		col (i) of your		(i) organized in the		Support _			
						,	support?		US?					
					Yes	No	Yes	No	Yes	No				
(A)									i					
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TALL OAK COUNSELING CENTER % CHERYL FIELD 7025 TALL OAK DR STE 100 COLORADO SPGS CO 80919



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## **DECLARATION**

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Charge H. Field

Signature of officer or trustee

Tresident, Jose Oak Counseling

Title

(Resigned 02/15/20